



CITY OF
**FALLS
CHURCH**

Department of Development Services

Zoning Division

Phone: 703.248.5015

Fax: 703.248.5280

Harry E. Wells Building

300 Park Avenue, Falls Church, VA 22046-3332

APPLICATION FOR VARIANCE, APPEAL OR SPECIAL USE PERMIT

Fees:

Variance— \$ 200.00 + \$ 25.00 for each additional code section variance
Special Use Permit— \$ 400.00 for non-residential
\$ 300.00 for residential
\$ 100.00 for home day-care and in-home education services
Appeals— \$ 200.00 per code section subject to determination

Required Materials: non-residential applicants must submit all supporting documents in electronic format (e.g. pdf or jpg files on disk) as well as hard copy. All applicants must consult with the Zoning Administrator regarding necessary materials.

This application is being filed for the purpose of:

☐ Variance to the code ☐ Special Use Permit ☐ Appeal of a determination under Chapter 38

Applicant name (please print)

/ /
Date of application

Applicant street address, city and state

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Applicant phone

Applicant: ☐ Owns subject property ☐ Leases or rents subject property ☐ Contract purchaser

Complete this section only if the applicant is not the owner of the subject property:

Property owner name (please print)

"As owner of this property I hereby authorize the applicant to seek this action before the Board of Zoning Appeals and I attest that the information contained herein is correct."

Property owner street address, city and state

Owner signature

"AS APPLICANT I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT"

Applicant signature

/ /
Date

—OFFICE USE BELOW—

Application Number

MUNIS Number

\$
Fees

☐ Received fees

Property legal description, address, section, lot, subdivision

Summary of action requested

☐ Granted

DISPOSITION: After a public hearing on / / the above application was ☐ Denied

☐ See notes or conditions set by BZA Zoning Administrator:

Status of real estate and personal property taxes, liens, business license and fees:

TREASURER: ☐ Current ☐ Outstanding (please describe): _____ Initials: _____
COMM. REV: ☐ Current ☐ Outstanding (please describe): _____ Initials: _____

*The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act.
This document will be made available in alternate format upon request. Call 703.248.5015 (TTY 711).*